

City of Yonkers, Department of Parks, Recreation and Conservation
E.J. Murray Memorial Skating Center

BIRTHDAY PARTY RESERVATION FORM

Name_____Phone_____

Address_____

City_____State_____Zip_____

Email_____

Date of Party_____Time of Party_____

Amount paid_____Received by_____

Check #_____

I have read the birthday party information and I understand the procedures and the restrictions that apply. I agree to abide by the rules and restrictions outlined or forfeit my deposit. I understand that if I fail to arrive, for my party or to cancel within 48 hours I will forfeit my deposit.

Parent name (print) _____

Parent
signature_____

RECIEPT

NAME _____

PARTY DATE AND TIME _____

AMOUNT PAID FOR DEPOSIT _____

CHECK NUMBER_____RECEIVED ON_____

STAFF PERSON'S NAME _____